Quality Education for a
HEALTHIER SCOTLAND

NHS
Education
for
Scotland

Local Delivery Plan 2016-17

Local Delivery Plan 2016-17

NHS Education for Scotland

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1 INTRODUCTION FROM OUR CHAIR AND CHIEF EXECUTIVE

Education, training and workforce development play a crucial role in developing the world-class health and care services that Scotland aspires to provide.

Our role is to support the development of a skilled, person centred workforce which is well prepared to respond to the demands placed on our health and care services. We welcome the publication of the National Clinical Strategy for Scotland which sets the framework for health services over the next 15 years and which will provide the direction of travel in helping to address some of the workforce issues that are increasingly apparent. Our 2016/17 Local Delivery Plan (LDP) details the activities and targets which support the third year of our strategic framework for 2014-19: *Quality Education for a Healthier Scotland*; and is designed to ensure that we deliver best value in the education and development of the workforce from the resources that we invest.

This year continues transformational change across the five strategic themes identified within *Quality Education for a Healthier Scotland*, supported by key outcomes designed to improve how we deliver education, training and workforce development. In particular this plan highlights the improvements we are making to the digital delivery of our services which represent a key strategic outcome for our organisation. This plan also sets out the contribution we continue to make to safe and person-centred care in support of the Scottish Government's ambition of everyone being *able to live longer healthier lives at home, or in a homely setting* and to meet the priorities identified by our stakeholders over the last year which included recruitment and retention, health and social care integration, access to education and training, leadership and management and role development.

**Lindsay Burley,
Chair**

**Caroline Lamb,
Chief Executive**

2 **OUR STRATEGIC PRIORITIES FOR 2014-19**

We are a special NHS Board with national responsibility for education, training and workforce development for those who work in and with NHSScotland.

We improve health and care by preparing professionals for practice in medicine, dentistry, psychology, pharmacy, optometry and healthcare science and by providing educational development for the nursing, midwifery and allied health professions, healthcare chaplains, support workers and managers. We also support public service reform, current policy priorities and the NHS LDP Standards (see Appendix 1) through education for improving quality, patient safety, role development (in particular support workers), leadership and management, mental health, dementia, older people, and children and young people.

OUR VISION

QUALITY EDUCATION FOR A HEALTHIER SCOTLAND

OUR MISSION

EDUCATION THAT ENABLES EXCELLENCE IN HEALTH AND CARE FOR THE PEOPLE OF SCOTLAND

Our strategic framework for 2014-19 *Quality Education for a Healthier Scotland* is based around five strategic themes supported by nine key outcomes which are designed to improve specific areas of our business. These themes and outcomes support the three quality ambitions of safe, effective and person-centred care and make a significant contribution to the *Everyone Matters: 2020 Workforce Vision*.

2 OUR STRATEGIC PRIORITIES FOR 2014-19

Our five strategic themes and key outcomes are set out below:

THEME 1:
AN EXCELLENT WORKFORCE

THEME 2:
IMPROVED QUALITY

THEME 3:
NEW MODELS OF CARE

THEME 4:
ENHANCED EDUCATIONAL INFRASTRUCTURE

THEME 5:
AN IMPROVED ORGANISATION

We have identified nine key outcomes designed to develop excellence in specific areas.

1 A demonstrable impact of our work on healthcare services.

2 An excellent learning environment where there is better access to education for all healthcare staff.*

3 Flexible access to a broad range of quality improvement education in the workplace.*

4 Leadership and management development that enables positive change, values and behaviours.*

5 A key role in analysis, information and modelling for the NHSScotland workforce to strengthen workforce planning.*

6 A range of development opportunities for support workers and new and extended roles to support integration.*

7 Improved and consistent use of technology with measureable benefits for user satisfaction, accessibility and impact.

8 Consistently well developed educational support roles and networks to enable education across the workplace.

9 An effective organisation where staff are enabled to give their best and our values are evident in every day work.

* indicates a *2020 Vision* priority for NES.

2 OUR STRATEGIC PRIORITIES FOR 2014-19

We share Scotland's health service values:

- *care and compassion*
- *dignity and respect*
- *openness, honesty and responsibility*
- *quality and teamwork*

We embed these values through our ways of working:

- *aim for excellence in education*
- *be open, listen and learn*
- *take responsibility and lead by example*
- *respond quickly and confidently*
- *look ahead and be creative*
- *respect and value each other*
- *work in partnership to a clear common cause*

Our priority for innovation is better use of technology [key outcome 7] through our *Digital Transformation*. This ambitious programme aims to improve and scale up the delivery of educational resources through a single digital platform known as *TURAS*. *TURAS* is hosted on a commercial *Cloud* platform providing always available, accessible, scalable services to individuals irrespective of the sector in which they work.
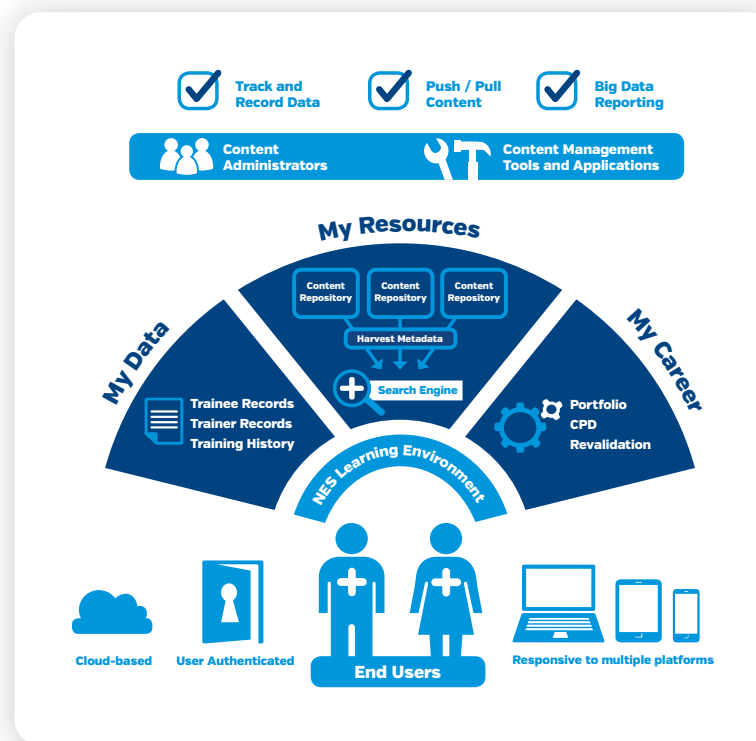
Digital Transformation Pictogram

2 OUR STRATEGIC PRIORITIES FOR 2014-19

TURAS (our digital platform) provides a single environment for; (1) training programme management; (2) recording and evidencing individual learning; and (3) provision of digital learning resources. During 2015/16 we made significant progress with the development of *TURAS* and the training programme management functionality is now rolled out to all NHS Boards.

During 2016/17 we will continue to enhance this aspect of *TURAS* and will also release improved functionality to enable the recording of an individual's learning (*ePortfolio*) together with applications to administer and track the learning of staff. We will also be working through a programme to transfer our existing learning resources to *TURAS*. Throughout this we will work to the key principles of:

- A single point of access
- Built round the individual
- Targeted content and personalised learning
- Accessible to all
- Easily scalable
- Available across health and social care

3 OUR CORPORATE PLAN FOR 2016/17

This Local Delivery Plan (LDP) represents our detailed Corporate Plan for 2016/17 with a focus on our core activities, stakeholder priorities and the Scottish Government NHS LDP Standards (see Appendix 1).

During 2015 we engaged with colleagues in government and across health and social care and the third sector to identify the following priorities;

RECRUITMENT AND RETENTION

We are aware of the challenges in recruitment and retention, particularly with regard to the medical and nursing workforce. These are complex issues affecting the whole of the UK and we continue to engage in discussion at a Scottish and UK level. We are working hard to ease immediate pressures by implementing solutions where possible. These include the expansion of trainee numbers in some specialties and proposals to recruit more trainees where we anticipate gaps due to less than full time working; trainees satisfactorily completing training; or going out of programme for more than a year for research or training. We are also continuing to promote post-graduate training in Scotland through career fairs and other activities. We are also mindful of the potential risk to retention of nurses and midwives as a result of the introduction of revalidation and we have made available our *ePortfolio* to help registrants collect the evidence required for revalidation.
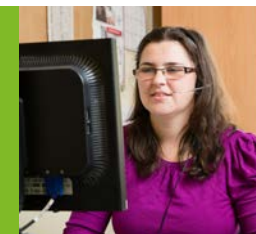
3 OUR CORPORATE PLAN FOR 2016/17

HEALTH AND SOCIAL CARE INTEGRATION

We are engaging with Integrated Joint Board Chief Officers to review emerging plans and consider our future contribution. We have also been working with the Scottish Government [SG], Joint Improvement Team [JIT] and Scottish Social Services Council [SSSC] to develop an eLearning resource on strategic commissioning to support the planning and delivery of services in a new way. In partnership with SSSC and the Royal College of General Practitioners [RCGP] we have launched a leadership programme for primary care staff across health and social care and we are working with SSSC to provide appreciative inquiry workshops. In conjunction with NHS Highland and SSSC we have begun the process of developing generic support workers in preparation for integration in our remote and rural programme; and we are continuing our work on educational pathways and support for healthcare support workers. We continue to work jointly with SSSC on a number of other projects. The further development of *TURAS* [our digital platform] represents a key element of the infrastructure that will support learning and development for staff working across health and social care, and will allow administration and reporting of learning within teams where line management arrangements may not accord with employment arrangements.
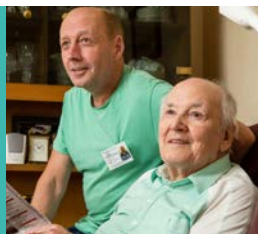
ACCESS TO EDUCATION AND TRAINING

We are progressing well in the development of a new vision for the future of our digital services and we have delivered the two major components we had planned for 2015/16. This *Digital Transformation* puts users at the centre through *TURAS* which enables personalised access to our cloud based digital resources, regardless of the employing authority; anywhere, on any device, and with a single sign on. We are also mindful of the need to take user capabilities into account and our remote and rural work includes the production of a multi-disciplinary Technology Enabled Learning [TEL] programme for health and social care staff. We are currently working with the eHealth Strategy Board to scope out how we can support implementation of a national learning plan. We understand the service pressure our stakeholders are experiencing and the need to support staff and trainees as close as possible to the point of care, whilst acknowledging that there will always be times when it is necessary for staff to be released to support their learning.

3 OUR CORPORATE PLAN FOR 2016/17

LEADERSHIP AND MANAGEMENT

We are conscious of the particular training and development needs identified to support middle management, talent management and succession planning, and we are working closely with SG colleagues to establish clear plans for our activities in this area. We are also putting an increasing emphasis on leadership for change and we have worked with SG, SSSC and NHS Boards on a leadership and management statement and the development of a Scottish Public Service Leadership Framework. We acknowledge that there is a need to improve access to digital learning for senior and middle managers and we are working through our *Digital Transformation* to prioritise our leadership and management development activities to support integration. Current specific initiatives include: public service leadership exchanges and the Enabling Collaborative Leadership Pioneer Programme; a Dialogue Community of Practice; a Scottish Coaching Collaborative; a programme to support leadership for integration; and the joint initiative with the RCGP and SSSC on collaborative leadership in primary care.

ROLE DEVELOPMENT

We are considering the outcomes from the reviews of out of hours and public health and we are working with the Chief Nursing Officer to develop nationally consistent education pathways for advanced nursing practice roles. This also has a close fit with our support for *Curriculum for Excellence* to build the clinical capacity of pharmacists in Scotland. We have a renewed focus on opportunities for enhancing the service contribution of nurses and midwives in the context of the reviews of children and young people's services, unscheduled care/out-of-hours, seven day working and changes to models of community-based care. We are also developing more qualified independent prescribers (IP) to help shift the balance of care into the community and we have put in place early clinical career and AHP fellowships plus practice internship opportunities and a range of remote and rural, health inequality, paediatrics and academic fellowships.

The priorities outlined above are consistent with our strategic themes for 2014-19 and they are also reflected in our *Everyone Matters 2020 Workforce Vision priorities*.

Both this local delivery plan and our strategic framework can be found on our website at: **www.nes.scot.nhs.uk/about-us/planning-and-corporate-governance**.

THEME 1
AN EXCELLENT WORKFORCE

THEME 1: AN EXCELLENT WORKFORCE

Consistent evidence-based excellence in education for improved health and care.

PRINCIPAL 2020 ROUTE MAP PRIORITY AREAS:

- **Person-centred Care**
- **Safe Care**
- **Workforce**
- **Primary Care.**

PRINCIPAL NES STRATEGIC OUTCOMES:

1 A demonstrable impact of our work on healthcare services (*applies across all five themes).

2 An excellent learning environment where there is better access to education for all healthcare staff (*a *2020 Vision* priority).

One of our key responsibilities is recruitment and training of the healthcare workforce, supported by educational support networks in the workplace. We do this in partnership with NHS Boards, education institutions and professional and regulatory bodies.

THEME 1: AN EXCELLENT WORKFORCE

NHSScotland Improvement Priorities

LDP ACTIVITIES, PLANNED IMPACT AND SMART TARGETS:

KEY

HIP	Health Inequalities and Prevention
AEY	Antenatal and Early Years
SC	Safe Care
PCC	Person-Centred Care
PC	Primary Care
INT	Integration
SC	Scheduled Care
UC	Unscheduled Care
MH	Mental Health

Recruiting and Training Key Healthcare Staff

Recruiting and training the clinical workforce to standards of excellence in line with the requirements of regulatory bodies.

Medical Training Grades

Medical (A6977, A6979, A7005, A7006, A6981)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Successful recruitment to and progression through medical training programmes to provide future consultants and GPs, recruitment to agreed UK standards, and improved attractiveness of Scotland as a career destination.

TARGET(S): [1] The *ORIEL* (UK recruitment portal) data download to our *TURAS* trainee management system in progress by May 2016; [2] the Scottish requirements for recruitment in *ORIEL* included in the Healthcare Education England (HEE) development plan; [3] a Scottish Medical Training (SMT) recruitment team to support NHS Boards with locum appointments for training (LATs) and to co-ordinate the recruitment of international medical training fellowships (IMTFs); [4] 125 *Scottish Clinical Research Excellence Development Scheme* (SCREDS) posts, 178 specialty training programmes, and 18 GP programmes recruited by August 2016 utilising data systems to ensure placements and trainers are correct; [5] a pre-foundation shadowing programme and successful foundation programmes with full GMC registration after foundation year one (FY1) and a *Foundation Achievement of Competence Document* (FACD) at foundation year two

THEME 1: AN EXCELLENT WORKFORCE

(FY2) for the required number of trainees to match the output from medical schools; (6) allocation of expansion trainee numbers to ensure equity across programmes; (7) following the commitment by the First Minister to increase the number of GP training rotations from 300 to 400 a year, which will require the creation of 300 additional training posts, proposals brought forward initially focused on improving recruitment to the current stock of approximately 1,100 GP training posts; (8) recruitment and funding for peri and post Certificate of Completion of Training (CCT) fellowship posts; (9) a review of programme requirements for study leave and resources allocated by specialty grouping; (10) a review of the role of the Study Leave Operational Group (SLOG) and a review of the online recruitment process; (11) a review of the simulation training requirements in curricula and a policy for allocation of funding to ensure equity; (12) a Scottish careers fair and presence at the British Medical Journal (BMJ) careers fair supported by digital resources by December 2016; (13) a review of the digital careers pathway and associated support materials to underpin a central careers policy and guidance by December 2016; (14) recruitment, management and deployment of *training ambassadors* following a review of the Scottish Clinical Leadership Fellows; (15) marketing to improve awareness of Scottish training using social media and digital advertising, including website development for the Scottish deanery and SMT; (16) a reduction in locum appointments for training through better utilisation of less than full time training (LTFT) resources to support expansion of 17 speciality trainees, 15 core medical training (CMT) posts and 18 LTFT posts; (17) reviewed induction and welcome packages to support on boarding.

Dental Training Grades

Dental (A6693, A6694, A7049, A6674, A6691, A6692)

HIP	SC	PCC	PC	INT	SC	UC

IMPACT: A well trained dental workforce to improve access to NHS dental services through quality assured training programmes.

TARGET(S): (1) Provision of the required number of training posts for dental vocational training (VT) to match the final actual output of the dental schools and those that wish to remain in Scotland by July 2016; (2) 130 core and speciality training grade dentists achieving the learning outcomes of the relevant curricula by August 2016; (3) a preparatory *Train the Trainer* programme (START) for 100% of new dental vocational trainers; (4) study leave for 130 trainees recorded and managed using the *TURAS* system; (5) 10 hygiene therapy vocational training (HTVT) posts by July 2016; (6) assessment for 100% of vocational trainees to be considered for satisfactory completion of training at the national review panel.

THEME 1: AN EXCELLENT WORKFORCE

Post-Registration Dental Nurse and Dental Care Professional Education

Dental (A6690)

HIP	SC	PCC	PC	INT	SC	UC

IMPACT: A well trained dental workforce to improve access to NHS dental services through quality assured training programmes.

TARGETS: [1] 120 post-registration development opportunities for dental nurses in line with General Dental Council [GDC] *Scope of Practice*, including Higher National [HN] Units leading to a Higher National Diploma [HND]; [2] courses for eight orthodontic therapists and eight dental technicians.

Post-Registration and Postgraduate NMAHP Education

NMAHP (A6191, A6206, A6324, A6348, A6404, A6452)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Post-registration nursing, midwifery and allied health professions education and new models of workforce planning and commissioning that supports *Setting the Direction*, *Transforming Nursing Roles* and the *Active and Independent Living Improvement Programme*, equips new practitioners and provides learning to enhance consistency, support change, improvement and innovation, as well as contributing to new models of care.

TARGETS: [1] Education and continuing professional development [CPD] to support *Setting the Direction, Transforming Nursing Roles* and the *Active and Independent Living Improvement Programme* [AILIP]; [2] a re-designed and re-launched *Flying Start NHS* development programme for newly qualified practitioners within the NMAHP Post Registration Career Development Framework; [3] one trainee completing the first year of the podiatric surgery programme and programme approval by the regulatory body [HCPC]; [4] internship opportunities for newly qualified nurses and midwives; [5] 100 funded *Return to Practice* places for nurses and midwives; [6] a national commissioning model to support post-registration education in line with new career pathways for nurses and midwives; [7] education and career pathways in priority areas as identified in *Setting the Direction* and *Transforming Nursing Roles*; [8] two cohorts of 16 pre-registration students progressing through a postgraduate radiotherapy programme.

Psychology Training Grades

Psychology (A6892, A6909)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Trained applied psychologists, psychotherapists and neuropsychologists to meet workforce demands and to ensure NHS Boards are provided with trained professionals to match required numbers.

SUPPORTS LDP STANDARDS [SEE APPENDIX 1]: *18 weeks referral to treatment for Psychological Therapies [90%]. 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services [90%].*

THEME 1: AN EXCELLENT WORKFORCE

TARGET(S): [1] 53 clinical psychology training places commencing October 2016; [2] 60 clinical psychology trainees completing training by the end of September 2016; [3] 21 MSc trainees in psychological therapies in primary care (PTPC) and 16 MSc trainees in applied psychology for children and young people (APCYP), commencing in January/February 2017; [4] 21 MSc trainees to complete training in psychological therapies in primary care (PTPC) by the end of January 2017 and 17 MSc trainees in applied psychology for children and young people (APCYP) by the end of February 2017; [5] eight health psychologists in training - four trainees continuing from cohort six ending in December 2016 and four trainees from cohort seven ending in January 2018; [6] five trainees completing year three of a four-year doctoral programme in child and adolescent psychotherapy; [7] an MSc neuropsychology programme for approximately 35 staff; [8] a CBT course for 30 psychology graduates to start by January 2017.

Pharmacy Vocational Training Scheme (VTS)

Pharmacy (A6875)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: A well trained general hospital pharmacist workforce ready for further specialist study and career progression.

TARGET(S): [1] Training and assessment for up to 120 Scottish hospital pharmacist VTS stage two trainees supported by a network of tutors; [2] a leadership and professionalism programme for up to 30 pharmacists; [3] an additional vocational training scheme (VTS) stage three specialist module for hospital pharmacists developed and piloted.

Healthcare Scientists (HCS)

Healthcare Science (A6987, A6988, A6989, A6991, A6992)

AEY	SC	PCC	SC	UC

IMPACT: Specialist HCS practitioners, clinical scientists and higher specialist practitioners with common core attributes to ensure the ongoing supply of HCS staff.

TARGET(S): [1] 30 practitioner-grade postgraduate clinical scientist trainees; [2] up to 20 registered clinical scientists and higher specialists on a three to four year training cycle; [3] a development programme for three to four cohorts (15 each) of senior HCS staff across sub-specialties; [4] guidance for Scottish applicants undertaking equivalence applications via the UK Academy for Healthcare Science; [5] two national events covering postgraduate trainees, modernisation and an annual showcase.

THEME 1: AN EXCELLENT WORKFORCE

Undergraduate and Pre-registration Education

Supporting students and staff at the undergraduate and pre-registration stages of their careers.

Additional Cost of Teaching

Dental (A6675) Medical (A6895)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Additional cost of teaching (ACT) funds in medicine and dentistry to help NHS Boards provide a high quality learning environment for undergraduates.

TARGET(S): [1] Annual reports for Aberdeen, Dundee and Glasgow dental schools detailing dental ACT activity and spend; [2] full and regular engagement with medical schools together with clear accountability lines with NHS Board ACT administrators and involvement of Directors of Medical Education (DMEs). [3] proposals for discussion with stakeholders setting out how to implement the Scottish Government's policy decision that, with effect from the 2016-17 academic year, overseas medical undergraduates make a financial contribution towards their NHS clinical placements.

Pre-Registration Dental Nurses and Hygiene/Therapists

Dental (A6670, A6690)

HIP	SC	PCC	PC	INT

IMPACT: Increased knowledge and skills in the dental care profession (DCP) workforce to improve oral health and care.

TARGET(S): [1] 180 places for dental nurses on a pre-registration SVQ programme leading to registration with the General Dental Council; [2] 48 first year dental hygiene-therapy student places by August 2016.

Undergraduate and Pre-Registration

NMAHP (A6164, A6346, A6452, A6189)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Enhanced pre-registration education and the learning environment through performance management and quality improvement.

TARGET(S): [1] Enhanced NMAHP student selection and best practice in undergraduate programme delivery (*Setting the Direction*) in partnership with stakeholders and NHS Boards; [2] an enhanced and integrated NMAHP performance management process across 10 universities underpinned by continuous improvement methodologies; [3] a vocational educational pathway within spiritual care and new plans for future curricula.

THEME 1: AN EXCELLENT WORKFORCE

Pre-Registration Pharmacists

Pharmacy (A6872)

HIP	SC	PCC	PC	INT	SC	UC	MH

IMPACT: A Pre-registration Pharmacy Scheme (PRPS) to provide a well trained pharmacist workforce for the NHS in Scotland.

TARGET(S): [1] A pass rate of over 90% in the General Pharmaceutical Council (GPhC) registration exam; [2] a quality management programme recorded on the new PRPS database and a monitoring system for the learning environment with data migrated to *TURAS*; [3] 170 PRPS trainees supported by a network of tutors and additional support for poorly performing trainees; [4] a nationally consistent PRPS educational programme supported by an *ePortfolio*.

Pre-Registration Healthcare Scientists

Healthcare Science (HCS) (A6990)

AEY	SC	PCC	SC	UC

IMPACT: A sustainable Scottish programme to ensure the supply of pre-registration healthcare science (HCS) practitioners in clinical technology.

TARGET(S): [1] Nine clinical technologists in training.

The Workplace Learning Environment

A high quality learning environment through educational governance, quality management, supervision and practice education.

Quality Management And Educational Governance

Medical (A6879, A6885, A6973, A6893, A6898, A6931) NMAHP (A6124, A6125, A6126), Psychology (A6897), Healthcare Science (A7484)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved learning environments to ensure highly competent clinicians trained to regulatory standards through excellence in supervision and practice education supported by enhanced quality management (QM), quality improvement (QI) and educational governance.

TARGET(S): [1] A detailed training programme management plan for the General Medical Council (GMC) visit in 2017, including a curriculum mapping exercise recording NHS Board capacity; [2] new *Shape of Training* models compliant with GMC standards; [3] medical deanery QM reports submitted within prescribed timescales; [4] two directorate reviews of the QM/QI framework; [5] quality monitoring reviews signed off by the Educational and Research Governance Committee and recommendations addressed; [6] a digital *TURAS* quality management module; [7] enhanced data and information to inform the delivery, support and impact of NMAHP practice education infrastructure across NHS Boards; [8] enhanced quality management of the nursing and midwifery practice learning environment through a digital database with nine NHS Boards and five university

THEME 1: AN EXCELLENT WORKFORCE

partners; (9) auditing and monitoring of the governance of allied health professional (AHP) practice placements across six professions in 16 NHS Boards; (10) management of service level agreements (SLAs) working with NMAHP practice education leads on recruitment to posts and monitoring of educational governance, (including annual NHS Board reviews), to support continuing professional development; (11) supervision to quality assure the practice activity of stage two health psychology training (eight trainees) and provision of core curriculum training; (12) co-ordination and quality assurance of 420 psychology placements completing 420 site visits and 240 end of placement reviews; (13) training for applied psychology trainee supervisors covering introductory training for 35 new supervisors and refresher training for 40 experienced supervisors; (14) training in cognitive behavioural therapy (CBT) supervision skills for 50 trainers; (15) 130 annual learning reviews for trainee applied psychologists; (16) an extended pilot across four course sites to test a psychology trainee *ePortfolio*, incorporating the development of a trainee survey; (17) evaluation of the system for sharing psychology placement and supervisor information across four programmes; (18) a scoping exercise of postgraduate healthcare science training in Scotland with a baseline return of at least 50%.

Revalidation And Educational Resources

Medical (A6965, A6978) NMAHP (A6825)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved patient experience supported by raised awareness of educational resources for practitioners and flexible high quality education pathways for safe, effective and person-centred care.

TARGET(S): - (1) Five courses for experienced medical appraisers and five courses for new appraisers (210 training places available for primary and secondary care), using our *Scottish Online Appraisal Resource* (*SOAR*); (2) *SOAR* and *TURAS* system functionality in place by May 2016 for full implementation of *Recognition of Trainers* by July 2016 and a *recognised list* of medical trainers by March 2017; (3) SOAR user support and additional functionality pending transfer to *ePortfolio V3* supported by *WebEx* training for *SOAR* users; (4) plans for migration from *SOAR* to *ePortfolio V3* by December 2016; (5) resources for NMAHP registrants and employers to support revalidation, including the nursing and midwifery *ePortfolio v2* and development of v3; and a revalidation community of practice.

THEME 1: AN EXCELLENT WORKFORCE

Career Support

Medical (A6964, A6610, A6976) Dental (A6677, A6688)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved retention through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.

TARGET(S): [1] A pathway for dentists in difficulty with support from a trained adviser; [2] a *Keeping in Touch Scheme* (*KITS*), a *Return to Work Scheme* (*RTWS*) and four *Induction to Dentistry* courses; [3] a medical career advice service and enhanced induction and returner programmes (e.g. the *GP Returners Scheme*); [4] resources to support an NHS Board managed induction programme for those returning to work in general medical practice; [5] 20 places on a continuing professional development (CDP) programme to improve recruitment and retention; [6] 12 *Community Hub Fellows* in general practice; [7] a national Performance Support Unit to improve outcomes for medical trainees and improve equity of support across regions; [8] a protocol and programme for a national deanery impact study of the new enhanced approach to induction for medical trainees by December 2016.

THEME 2
IMPROVED QUALITY

THEME 2: IMPROVED QUALITY

Education for improving quality to enhance patient safety and people's experience of services.

PRINCIPAL 2020 ROUTE MAP PRIORITY AREAS:

- **Person-centred Care**
- **Safe Care**
- **Workforce**
- **Prevention**
- **Efficiency**
- **Productivity**

PRINCIPAL NES STRATEGIC OUTCOMES:

3 Flexible access to a broad range of quality improvement education in the workplace (*a *2020 Vision* priority).

4 Leadership and management development that enables positive change, values and behaviours (*a *2020 Vision* priority).

We work with Healthcare Improvement Scotland (HIS) on quality improvement (QI) and safety through educational research, development and delivery as well as clinical skills, healthcare associated infection (HAI), person-centred care and leadership and management development.

THEME 2: IMPROVED QUALITY

NHSScotland Improvement Priorities

LDP ACTIVITIES, PLANNED IMPACT AND SMART TARGETS:

KEY

HIP	Health Inequalities and Prevention
AEY	Antenatal and Early Years
SC	Safe Care
PCC	Person-Centred Care
PC	Primary Care
INT	Integration
SC	Scheduled Care
UC	Unscheduled Care
MH	Mental Health

Safe, Effective and Person-centred Care

Embedding person-centred care in all our activities to place people at the heart of services and education to help make care safe and effective.

Person-Centred Care

NMAHP (A6493, A6527, A6528) Medical (A6954) Psychology (A6899, A6903)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Embedded values and professionalism, improved person-centred care and enhanced access to education for new models of care.

TARGET(S): [1] Education to support staff to implement the new *Duty of Candour*, including a learning needs analysis, eLearning modules and four master classes/regional workshops; [2] education to support legislative changes on feedback and complaints, including master classes and regional workshops; [3] a multi-level educational framework in line with actions from the *Palliative and End of Life Care Strategic Framework*; [4] collaboration with the General Medical Council, Royal Colleges, NHS Boards, medical schools, and the Scottish Government to inform the development and alignment of bereavement education; [5] a website, research, educational frameworks, communication networks, and models of reflective practice to support the delivery of bereavement care and staff wellbeing; [6] a new research phase in the spiritual care *Community Chaplaincy Listening and the Patient Related Outcome Measure* (*PROM*)

THEME 2: IMPROVED QUALITY

development with ethics approval to test the tool in an acute setting; [7] service evaluation tools for *Values Based Reflective Practice* [*VBRP*]; [8] monitoring, promotion and evaluation of the *Emotion Matters* module and analysis of *SWIFT* tool usage in primary care; [9] a *Medically Unexplained Symptoms* [*MUS*] person-centred module and *Practice Based Small Group Learning* [*PBSGL*] available to all PBSGL members, including all GP trainees in Scotland; [10] support for trainers to deliver at least one *Developing Practice or AsSET* [Astley Ainslie Psychological Skills and Education Training] training event on the development and application of health behaviour change reaching 80 multi-disciplinary team staff; [11] digital resources aimed at frontline ward based staff e.g. reducing distress, promoting adjustment and coping with diagnosis; [12] training in advanced communication skills for doctors and nurse specialists on complex aspects of healthcare e.g. end of life/palliative care and high risk health behaviours; [13] raise awareness and capabilities of professionals to address health literacy, and improve access to tools, innovations and technologies through *the Health Literacy Place*.

Patient Safety and Clinical Skills

Medical (A6950, A7204, A6746) NMAHP (A6064, A6284, A6316) Pharmacy (A6866, A6871) Psychology (A6900, A6910) Workforce (A6586)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Increased knowledge, confidence and skills and fewer adverse events through *human factors education* [*HFE*], the *Scottish Patient Safety Programme* [*SPSP*] and flexible, high quality education pathways, clinical skills training and evaluation.

TARGET(S): [1] *Human factors education* [*HFE*] for core trainer groups of health and social care practitioners; [2] generic entry-level HFE eLearning resources for health and care professionals; [3] an updated Patient Safety Multidisciplinary Group [PSMG] website with links to patient safety and HFE resources; [4] demonstration of the impact of our educational resources on reducing or mitigating future patient safety incidents; [5] an updated PSMG communications strategy to share impact outputs; [6] a new range of digital learning materials within the Scottish Multidisciplinary Maternity Development Programme [SMMDP]; [7] clinical skills training through SMMDP for the maternity and neonatal workforce; [8] an impact evaluation of the *neonatal resuscitation serious game* on skill maintenance; [9] an evaluation plan for the SPSP - Pharmacy Primary Care initiative rolled out in four NHS Boards; [10] a programme of consultation skills, and core and advanced clinical assessment skills courses for pharmacists in line with *Prescription for Excellence*; [11] HFE for medical students on hand hygiene broadened to trainees working with medical teams in secondary care; [12] HFE training in *medically unexplained symptoms* [*MUS*] for trainers and trainees in primary care; [13] HFE materials for use in critical care and other contexts related to mental health patient safety; [14] 150 health professionals trained in patient safety aligned to the World Health Organisation [WHO] curriculum; [15] a review of current patient safety courses; [16] new patient safety courses designed and at least two pilots in each topic delivered; [17] mandatory endoscopy training for medical and non-medical trainees; [18] support for clinical skills training through three specialist clinical skills units – the Cuschieri Skills Centre, BASICS Scotland and the Scottish Centre for Simulation and Clinical Human Factors, including a 3 – 5 year plan for clinical skills training across Scotland; [19] a Mobile Skills Unit providing faculty development and clinical skills training and a business case for a new Mobile Skills Unit; [20] a knowledge and skills framework for trauma.

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Healthcare Associated Infection and Health Protection

Dental (A6645) NMAHP (A6347, A6364, A6365, A6366, A6367, A6368, A6566)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Flexible access to multi-professional learning materials to enhance support of the *Health Protection and Healthcare Associated Infection* [*HAI*] action plans to provide a cohesive, integrated and progressive approach to workforce education.

Supports LDP Standards (see Appendix 1): *Clostridium difficile infections per 1000 occupied bed days (0.32). SAB infections per 1000 acute occupied bed days (0.24).*

TARGET(S): [1] In-practice training and eLearning on decontamination/HAI for dental teams; [2] induction and foundation level infection prevention and control (IPC) educational materials and a second suite of *Championing IPC* education; [3] reviewed and updated *aseptic technique* modules one to six, and methodology rolled out across two to three NHS Boards using outputs from significant event analysis; [4] support for implementation of a decontamination education framework and domestic services training DVD and impact evaluation; [5] educational infrastructure for delivery and impact assessment of HAI resources in different settings; [6] an impact assessment of the nursing and midwifery *antimicrobial stewardship* [*AMR*] resource and other AMR resources; [7] a gap analysis of HAI education for NHS Board infection control doctors, nurses and managers; [8] a review of at least three HAI digital resources to ensure they are fit for purpose; [9] quality assured health protection educational resources in line with the Scottish Health Protection Network.

Quality Improvement (QI) Education

Education and curricula supported by a national network of leads and practitioners to build capacity and leadership in quality improvement (QI) as an *Everyone Matters: 2020 Workforce Vision priority*.

Quality Improvement (Qi)

Medical (A4582) NMAHP (A6229) Workforce (A7124)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Increased use of quality improvement [QI] resources and a health and social care workforce which is competent, confident and engaged in improving services through improved QI capacity and capability.

TARGET(S): [1] Cohort 8 completion of the *Quality and Safety Fellowship Programme*; [2] the *Scottish Improvement Leader* [*ScIL*] programme completed by cohorts three, four and five by December 2016 and six, seven and eight commenced by March 2017; [3] 16 QI eLearning modules reviewed and updated by September 2016 and five new eLearning modules developed by March 2017; [4] person specifications for QI capacity and capability building roles in place by June 2016 and associated development opportunities by March 2017; [5] higher education progression routes identified by August 2016 and formal accreditation for ScIL achieved by September 2016; [6] support for AHP directors, practice education leads [PELs] and allied health professionals to embed QI resources to improve practice; [7] delivery of the Scottish Improvement Skills training programmes for five cohorts.

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Dental Clinical Effectiveness and Audit

Dental (A6671, A6695, A6696)

HIP	SC	PCC	PC	INT	SC	UC

IMPACT: Improved quality of care through better informed dental QI initiatives and improved compliance with guidance.

TARGET(S): [1] Scottish Dental Practice Based Research Network [SDPBRN] approved and certified research audit applications; [2] two national QI interventions developed and piloted with the *Rapid Evaluation Practitioner* cohort; [3] at least one national event to increase the research knowledge for improving oral healthcare quality; [4] an impact evaluation of new education and research initiatives; [5] a second edition of guidance on the management of patients taking bisphosphonate drugs; [6] a pre-publication diagnostic survey for the bisphosphonates guidance to provide a baseline for measurement of impact and to inform the development of guidance implementation tools; [7] QI audit to support implementation of the bisphosphonates [second edition] guidance; [8] guidance on a topic identified as a priority for dental healthcare in Scotland; [9] peer review of recommendations on patient assessment within the oral health assessment and review guidance; [10] a national diagnostic survey to inform the updating of oral health assessment and new guidance implementation tools; [11] support for primary care dentists to undertake 15 hours of clinical audit activity by the end of the current three year audit cycle.

Leadership and Management

Supporting the five *Everyone Matters: 2020 Workforce Vision* leadership and management priorities; (1) cross sector working; (2) values driven approaches; (3) honest dialogue to improve performance; (4) middle management, talent management and succession planning; (5) leading teams and engaging people.

Cross Sector Working

National Leadership Unit (A6967) Workforce (A6588)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Access to development for public service leaders and managers to improve cross sector working through honest dialogue and collaboration.

TARGET(S): [1] Four *Dialogue Community of Practice* master classes [*Dialogue* is a way of discussing issues which helps people to work more effectively together] and commissioning of three *Dialogue* practice groups; [2] consultancy using *Dialogue* for at least three work teams and a *Dialogue* practice development guide; [3] the third cohort of the *Inter-professional Learning Group* supported by evaluation to inform future options; [4] promotion of cross sector leadership exchanges across health and social care; [5] consultancy support for two research sites within the *Pioneer Programme* for enabling collaborative leadership [ECL]; [6] support for the development of an ECL facilitators pool; [7] collaborative work

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with the Scottish Social Services Council (SSSC) and the Royal College of General Practitioners (RCGP) on the *Health and Social Care (HSC) Integration Primary Care* programme through two integrated *Playing to Your Strengths* programmes, paired learning and creating strong relationships at locality level; (8) five days leadership and management skills training to support the *Inter-professional Learning Group*.

Values Driven Approaches

National Leadership Unit (A6894) NMAHP (A6190) Medical (A6935) Workforce (A6587, A6588, A6589, A6590)

| HIP | AEY | SC | PCC | PC | INT | SC | UC | MH |

IMPACT: Public service leaders and managers who adopt values driven approaches to improve care and to develop more effective working relationships.

TARGET(S): [1] Two *Playing to Your Strengths* programmes with 60 places for executive and senior leaders; [2] cohort 11 completed and 24 participants recruited to cohort 12 of the Delivering the Future programme; [3] a national graduate management training scheme (MTS) with up to five finance trainees in 2016; [4] a seventh cohort of the *Leading for the Future* programme for 100 senior leaders and a pilot of new team based approaches; [5] a flexible programme (including digital) to develop the role of senior charge nurses (SCN), senior charge midwives (SCM) and team leaders; [6] an *eHealth Leadership* Programme in line with Scottish Government *eHealth* directorate requirements; [7] following on from *Leading Better Care (LBC)*, a series of initiatives to ensure the *Excellence in Care* programme delivers against policy and service requirements; [8] a series of networks/groups to ensure the *Leading Better Care* (*LBC*) programme delivers against policy and service requirements; [9] up to 12 *Scottish Clinical Leadership Fellowships* (*SCLF*) building on success of cohorts one to four; [10] governance arrangements for the SCLF programme to include operational management, delivery of personal and leadership development and evaluation; [11] a renewed medical leadership and management programme (LaMP) based on evaluation and feedback; [12] 37 days of leadership and management training for medical trainees and specialty and associate specialist (SAS) doctors aligned to the medical leadership competency framework; [13] six days leadership and management skills training support for the MTS programme; [14] 30 days leadership and management training for approximately 200 healthcare science staff, to include early careers, refreshing leadership, *Train the Trainer* and staff in difficulty; [15] four recruitment awareness sessions and six days leadership skills training for postgraduate psychologists.

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Honest Dialogue to Improve Performance

National Leadership Unit (A6929)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: More open and honest conversations to improve performance sustain good performance and tackle poor performance.

TARGET(S): [1] A digital mentoring platform to facilitate matching for leaders and managers, with support for developing mentors; [2] a re-tendered national executive coaching service for a range of 25 executive level leaders across health and social care with impact evaluation of coaching; [3] a *Scottish Coaching Collaborative* [*SCC*] review and refresh of the strategic plan and quality assurance of the SCC register by October 2016; [4] a report on the value of coaching, a 20% increase in coaching activity and a 10% increase in the number of public services participating in SCC.

Middle Management, Talent Management and Succession

PLANNING: National Leadership Unit (A6925)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Strengthening management at all levels with particular focus on middle management, talent management and succession planning.

TARGET(S): [1] A management development proposition, incorporating a revision of the management training scheme, to provide a pathway

for all levels of management practice fully developed by March 2017; [2] support for the policy lead at the Scottish Government Health and Social Care Directorate [SGHCD] to develop a revised Leading Quality Framework [LQF]; [3] management of the newly tendered *360 tool* for NHS Boards; [4] consideration of the options for a digital platform to host online content including an *ePortfolio* for managers across health and social care.

Leading Teams and Engaging People

National Leadership Unit (A6926, A6927, A7116)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Better team leadership and collaborative working through team development, staff engagement and performance management.

TARGET(S): [1] Co-ordination of a bi-monthly forum of organisational development [OD] leads to develop ideas, share resources and support the Scottish Government [SG] policy lead to implement an action plan for national priorities; [2] a Managers Development Network [MDN] providing a range of events that link with national and local priorities with improved access through digital resources; [3] consultancy support for *Scottish Clinical Leadership Fellowships* [*SCLF*], the *Scottish Improvement Leader* [*ScIL*] programme, and Scottish *Quality and Safety* fellows; [4] practical support to NHS Boards in the development and implementation of the *Future Focused Finance Initiative*; [5] a pilot and impact evaluation of two approaches to team development; [6] a refreshed Board Diagnostic tool; [7] sharing of best practice and consultancy services for leading teams.

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Education for new models of care to support the *2020 Vision*.

PRINCIPAL 2020 ROUTE MAP PRIORITY AREAS:

- **Primary Care**
- **Integrated Care**
- **Care for Multiple and Chronic Illnesses**
- **Health Inequalities**
- **Prevention**
- **Workforce**
- **Innovation**

PRINCIPAL NES STRATEGIC OUTCOMES:

5 A key role in analysis, information and modelling for the NHSScotland workforce to strengthen workforce planning (*a *2020 Vision* priority).

6 A range of development opportunities for support workers and new and extended roles to support integration (*a *2020 Vision* priority).

New models of community based care supported by multi-professional teams will help us respond to the challenges of changing demographics and health inequalities. As a key requirement of the *Everyone Matters: 2020 Workforce Vision* we have prioritised support worker and practitioner role development and we also use our knowledge of training and labour markets to support workforce modernisation. We continue to provide primary care education and training for community based medical, dental, pharmacy and optometry practitioners.

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NHSScotland Improvement Priorities

LDP ACTIVITIES, PLANNED IMPACT AND SMART TARGETS:

KEY

HIP	Health Inequalities and Prevention
AEY	Antenatal and Early Years
SC	Safe Care
PCC	Person-Centred Care
PC	Primary Care
INT	Integration
SC	Scheduled Care
UC	Unscheduled Care
MH	Mental Health

Primary Care

Postgraduate training and continuing professional development (CPD) for practitioners and teams in general (GP) medical and dental (GDP) practice, community pharmacy and optometry.

Continuing Professional Development (CPD) For GPs and Practice Staff

Medical (A6958, A6959)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Increased participation in education and training through *CPD Connect* as the preferred provider of continuing professional development (CPD).

TARGET(S): [1] Three *Hot Topics* workshops offered through our portal system; [2] a fully functional new GP CPD website by October 2016; [3] a *Practice Based Small Group Learning* (*PBSGL*) programme with at least 2,200 active members and 330 active groups achieving a 10% increase in membership (of which 10% is multi-professional); [4] a practice manager and practice nurse conference in May 2016 as part of the medical education conference; [5] an accredited training programme for 15 new or aspiring practice managers in partnership with the Dental Directorate; [6] a general practice nursing programme for 20 nurses selected in June 2016, including three CPD courses on leadership, cervical cytology and asthma; [7] a rolling programme of learning event road shows for practice managers supported by two newsletters.

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CPD for the Primary Care Dental Team

Dental (A6688, A6690)

| HIP | AEY | SC | PCC | PC | INT | SC | UC |

IMPACT: Improved access for general dental practitioners (GDPs) and dental care professionals (DCPs) to a programme of CPD for registration.

TARGET(S): [1] A CPD programme for dentists and dental care professionals (DCPs) offering 25,000 available hours of verifiable CPD, including six days targeting the public dental service (PDS) and DCPs; [2] two master class conferences in May and September 2016 and a research symposium in November 2016 with the *Scottish Dental Practice Based Research Network* (*SDPBRN*) for up to 120 delegates; [3] a package of digital CPD for 200 practices; [4] a sedation training programme and five face-to-face updates compliant with new sedation standards; [5] 50 places across three centres for medical and dental practice managers, administrators and receptionists and seven vocational training places for practice managers.

CPD for Optometrists

Optometry (A6941, A6949, A7571, A6939, A6953, A7144)

| HIP | AEY | SC | PCC | PC | INT | SC | UC |

IMPACT: CPD for community based optometrists and dispensing opticians to improve community eye care and help reduce referrals to hospital.

TARGET(S): [1] Two national CPD programmes and one webinar programme; [2] a national conference for optometrists in Autumn 2016 with 160 places; [3] from October 2016 up to 10 optometrists supported through year 1 of the MSc in primary care ophthalmology at Edinburgh University; [4] an annual report on the courses and training opportunities for optometrists in Scotland reviewing educational uptake; [5] two face-to-face local training courses for remote and rural optometrists in addition to existing distance learning and national training; [6] a review of the new course feedback form in Autumn 2016.

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CPD for the Pharmacy Team

Pharmacy (A6882)

HIP	AEY	SC	PCC	PC	INT	SC	UC

IMPACT: CPD for pharmacists and pharmacy technicians to ensure mandatory requirements are met and to support *Prescription for Excellence*.

TARGET(S): [1] A pharmacy postgraduate funding programme in line with *Continuing Fitness to Practice* recommendations; [2] a range of CPD and training for 4,500 pharmacists and 2,000 pharmacy technicians to support *Prescription for Excellence*; [3] training to support delivery of the community pharmacy contract; [4] scoped options for NES to become the national approved provider of SVQ qualifications for pharmacy technicians and support staff; [5] scoped options for NES to be an accrediting body for pharmacist developments in line with advanced practitioners in other professions; [6] support for implementation of the professional development award (PDA) for 20 pharmacy technicians; [7] CPD support for out-of-hours services.

Workforce Data

Supporting modernisation through data analysis, information and modelling covering workforce, training, labour markets and trends in access to health and social care.

Workforce Analysis, Intelligence and Modelling

Dental (A6678) Medical (A6974) NMAHP (A6806) Pharmacy (A6870) Psychology (A6901) Workforce (A6444)

HIP	AEY	SC	PC	INT	SC	UC	MH

IMPACT: Enhanced national workforce data on which to base workforce numbers and improve decision making on commissioning, funding, performance management, recruitment, succession planning and modernisation.

Supports LDP Standards (see Appendix 1): *18 weeks referral to treatment for Psychological Therapies (90%). 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%).*

TARGET(S): [1] A dental workforce report by the end of 2016; [2] support for the Scottish Government 2016 Dental Student Intake Reference Group; [3] the Scottish contribution to UK medical recruitment oversight and governance ensuring equitable and consistent recruitment timescales and standards; [4] a reviewed and agreed medical baseline training grade establishment and plan for unfunded expansion posts; [5] a UK workforce intelligence tool to interpret, report and review recruitment data from the

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ORIEL portal for applications to medical training programmes; [6] medical workforce data supplied to the Scottish Government [SG] Transition Group by August 2016 and agreed numbers for UK national recruitment by February 2017; [7] enhanced nursing and midwifery student data analysis to provide data reports and extractions to include one *NMASS* report, two in-year data linkage reports with the Scottish Funding Council, and one report for nursing and midwifery intake planning; [8] pharmacy workforce analysis to include a report on *HESA* data for pharmacy programmes, an exit survey for the Pre-registration Pharmacist Scheme (PRPS), hospital and community pharmacy numbers and vacancy analysis, and pharmacist prescribers data by December 2016; [9] quarterly workforce and trainee data on psychology services, child and adolescent mental health services (CAMHS) and psychotherapy; [10] a data report on psychological therapies workforce capacity, qualifications and clinical supervision by September 2016; [11] data on the scope, reach and clinical outcomes of evidence-based parenting interventions to support six weekly review meetings, parenting programmes and target setting; [12] an analysis of the existing education provision for healthcare support workers (HCSWs) to identify gaps and variation and inform planning; [13] data for business/administration and estates and facilities support workers to inform workforce planners and learning and development leads.

Support Workers and Role Development

Improving access to learning for support workers and role development to help reshape the workforce and support career development

Healthcare Support Workers

NMAHP (A6304, A6305, A6307, A6309) Workforce (A6446, A6448, A6449, A6450, A6525)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved access to learning opportunities, qualifications and education pathways for healthcare support workers (HCSW) to support better career development and succession planning.

TARGET(S): [1] Implementation and testing of the learning and development pathway and qualifications map for support workers with at least 25% of NHS Boards; [2] a scheme which facilitates access to qualifications for at least 25 HCSWs; [3] an education resource to support HCSWs to meet the revised mandatory induction standards; [4] two national HCSW events to improve awareness of educational opportunities and share learning and an annual HCSW conference; [5] an action plan for the development of HCSW digital literacy skills; [6] a scoping of the current provision of eLearning resources to identify gaps and source new learning materials; [7] a career portal to attract young people into NHS careers; [8] support and advice on education and training for the young workforce including Recognition of Prior Learning (RPL), Certificate of Work Readiness (CWR), employability and widening access; [9] facilitation of the modern

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apprenticeship (MA) network, including at least one MA network event, to ensure sharing of best practice and support for the development of MA programmes in all NHS Boards; (10) promotion and support for the roll out of foundation apprenticeship pilot programmes in three NHS Boards; (11) monitoring and evaluation of MAs in non-clinical HCSW roles in NHS Boards using this knowledge to inform the development of foundation apprenticeships; (12) local apprenticeship frameworks in at least five NHS Boards to support and promote youth employment for the future; (13) implementation of education pathways (EP's) across NHS Boards through learning and development advisor support and interventions that embed and maximise the potential of EP's; (14) agreed plans for at least five local networks to support the implementation of EP's, evaluating outcomes and sharing findings; (15) non-clinical HCSW qualifications for maintenance assistants at SCQF level six and facilities management at SCQF level seven and above; (16) a pilot *levelling tool* at SQCF levels two to four to widen access to learning and development opportunities for lower banded support staff; (17) resources to support the use of personal development planning and review (PDPR) discussions to help embed the use of EP's across NHS Boards; (18) digital and print resources to support NHS Boards in promoting and learning opportunities for hard to reach staff groups; (19) support for the completion of SVQ demonstrator projects and promotion of EPs and a joint action plan for future role development; (20) two modern apprentices appointed and supported to enable progression into a NES role.

Fellowships and Scholarships

Dental (A6673) Medical (A6955) NMAHP (A6326)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Learning to meet service and personal development needs, enhance consistency and support change, improvement and innovation.

TARGET(S): (1) Six Scottish dental practice (SDP) fellows to up skill dentists in remote and rural areas; (2) an evaluation of GP rural fellowships to ascertain whether at least 70% remain in substantive GP roles in rural Scotland and an impact assessment of the first five cohorts (100) of paediatric scholarships; (3) 90% recruitment to medical fellowship and scholarship programmes; (4) 12 GP remote and rural fellowships, four half-time GP medical education fellowships, three health inequality fellowships, 20 GP paediatric scholarships, four GP academic fellowships and a number of occupational medicine and advanced medical training fellowships; (5) 45 AHP fellowships and continued support for nursing and midwifery early clinical career fellows.

Practitioner Role Development

Medical (A6960, A6961, A6963) Optometry (A6944) Pharmacy (A6878) Psychology (A6910)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: National and sustainable education for improved clinical service delivery, and patient care and safety through practitioner role development.

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Supports LDP Standards (see Appendix 1): *18 weeks referral to treatment for Psychological Therapies (90%). 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%).*

TARGET(S): [1] Specialty and associate specialist (SAS) grade doctor development fund bids focused on policy and service priority areas; [2] prioritisation of SAS funding towards applications which lead to enhanced/new service delivery, autonomous clinical practice and/or improved patient care; [3] one accredited introductory course on *CPD Connect* for clinicians delivering healthcare and forensics to people in custody; [4] refresher training for advanced medical practitioner (AMP) psychiatrists in respect of the Mental Health Act to maintain their certification; [5] digital and face-to-face teaching to an agreed standard available to all psychiatrists (trained and in-training) who require AMP certification; [6] at least 50 training places for optometrists on the Glasgow Caledonian University (GCU) therapeutics (independent prescribing) course starting in March 2017; [7] up to 200 pharmacists to undertake an independent prescribing (IP) course; [8] at least one IP *Teach and Treat* clinic in each NHS board to support pharmacists in training and implementation of pharmacists IP models of care; [9] a national training programme for GP practice pharmacists; [10] 30 training places in cognitive behavioural therapy (CBT) with older people commenced in September 2014, delivering at postgraduate certificate level by December 2015 and postgraduate diploma level by December 2016.

Integration, Improving Health and Tackling Health Inequalities

Workforce development to support integration, improve health and reduce health inequalities, with a particular focus on people who have complex needs, or who need extra support and protection.

Dementia

NMAHP (A6265, A6266, A6453, A6456) Psychology (A6912)

HIP	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Continued development of the cross-sector reach of dementia education to improve quality of care and quality of life outcomes for people with dementia and families and carers, focusing on infrastructure development and impact evaluation.

Supports LDP Standards (see Appendix 1): *People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support.*

TARGET(S): [1] Five regional master classes with circa 80 participants, for *Dementia Champions*, *Social Services Dementia Ambassadors* and wider networks of national trainers; [2] delivery and evaluation of the seventh cohort of the *Dementia Champions* programme to 100 participants and co-ordination of the graduation event and national conference; [3] a national *Dementia Awards* event in partnership with the Scottish Social Services Council (SSSC), NHS Health Scotland and Alzheimer Scotland; [4] an analysis of recruitment and completion data for the dementia champions

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programme including demographic and equality and diversity data; [5] development of training leadership and change capacity in specialist mental health settings and care homes to support implementation of *Promoting Excellence* and the *Standards of Care for Dementia*; [6] two *case coaching* sessions for the *Stress and Distress* intervention within six NHS Boards; [7] cognitive stimulation therapy [CST] training for 40 cross-sector staff; [8] training for care home staff in relation to *Stress and Distress*, including scoping and development; [9] a review of the evidence for *Couples Therapy for Dementia*, and consultation to plan future training.

Parenting and Early Years

Psychology (A6904, A6905, A6907)

HIP	AEY	SC	PCC	PC	INT	MH

IMPACT: Improved social and emotional development for young children with behaviour problems through better workforce capacity in parenting interventions across sectors.

TARGET(S): [1] The full suite of start-up training to 45 new *Psychology of Parenting Programme* [PoPP] early years' practitioners; [2] 42 practice support/supervision days to 252 early years' practitioners previously trained in the *Incredible Years Pre-school Basic Parenting Programme* and *Triple P* programmes; [3] 10 *Connecting with Parents' Motivations* courses to 200 early years' practitioners by December 2016; [4] two courses in the *Attentive Parenting* programme to 50 early years' practitioners by December 2016; [5] the full suite of PoPP scheme start-up training

for 50 child and adolescent mental health [CAHMS] practitioners in the *Incredible Years Pre-school Basic Parenting Programme*; [6] support for the development of six *Incredible Years* peer coaches and two mentors; [7] by September 2016 foundation level training in the *Solihull Approach* [*SA*] for 24 practitioners in two NHS Boards who have no current capacity to develop this model through the *Train the Trainer* scheme; [8] one *Train the Trainer* event for 12 practitioners by October 2016; [9] a shared learning forum and training for 36 local SA trainers by December 2016; [10] training for a mix of 100 SA and PoPP practitioners to develop a shared understanding and integration of both models; [11] an updated curricular framework on Perinatal mental health.

Women, Children and Young People

NMAHP (A6064, A6146, A6164, A6225, A6226, A6044), Psychology A6903)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Reduced health inequalities for vulnerable children and families through education and role development to enhance understanding of the Children and Young People's [Scotland] Act [2014] and improved capacity, capability and access to learning resources for children, young people and families.

TARGET(S): [1] Digital learning materials to support implementation of the Children and Young People Scotland Act 2014 and essential training on the Act completed by all NES healthcare employees; [2] commissioning and performance enhancement of health visiting and school nursing

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programmes, including analysis of recruitment and retention data from five higher education institutions (HEIs) delivering the education; [3] the Family Nurse Partnership (FNP) programme delivered in line with licence requirements; [4] an improvement plan for the FNP programme by assessing impact for theclient group, reviewing clinical practice, collaborating with licence holders on programme augmentation, contributing to an FNP research strategy and supporting local workforce planning; [5] education in collaboration with HEIs that prepare the children and young people's workforce for refreshed roles; [6] education for role development including school nursing, looked after children's nurses, community nurses, the maternity and neonatal multi-professional workforce (e.g. examination of the newborn, expert hip-screener and high dependency care); [7] a structured system to support the rollout of educational resources to support the Children and Young People (Scotland) Act (2014) e.g. *Compassionate Connections* and the *AHP CYP Implementation Plan*; [8] psychosocial interventions training (Neonatology) for specialist neonatal healthcare staff; [9] new training materials for maternity care, including on infant cremation.

Health and Social Care

Medicine (A6426), NMAHP (A6126, A7384, A7387), Psychology (A6908)

| HIP | AEY | SC | PCC | PC | INT | SC | UC | MH |

IMPACT: Sustainable and enhanced practice education and capacity to improve the health and wellbeing of people and the use of *inquiry based approaches* for the workforce across health and social care.

TARGET(S): [1] Fatal accident inquiry (FAI) educational resources for health and social care staff developed and piloted; [2] non-NHS learning opportunities for pre-registration learners in partnership with higher education institutions (HEIs), care homes and voluntary organisations; [3] support for the spread of *inquiry based approaches* within a second cohort of health and social care partnerships and an understanding of their impact; [4] support for the use of all three *Equal Partners in Care* (*EPiC*) learning modules within health and social care settings; [5] extended reach of the EPiC framework to include other sectors e.g. housing; [6] education and training to support the Autism Strategy and the Autistic Spectrum Disorder (ASD) knowledge and skills framework, identifying gaps in current ASD training for each level of the framework and providing training to achieve key outcomes for people with ASD; [7] promotion of updated ASD digital resources and an eLearning module for general practice.

Learning Disabilities

Psychology (A6899), NMAHP (A6266, A6267, A6456, A6459)

| HIP | SC | PCC | INT |

IMPACT: Better cross-sector reach of multi-professional education to improve quality of care and quality of life outcomes through increased knowledge and skills and enhanced impact assessment to inform future developments.

TARGET(S): [1] A scoping of the learning needs of specialist and multi professional staff working with people with learning disability and delivery of

THEME 3: NEW MODELS OF CARE

initial education; [2] a series of master classes for the 50 learning disability trainers to improve practice across health, social care and the third sector; [3] an annual senior learning disability nursing conference to share best practice and three regional events for people with learning disabilities and their family/carers to build capacity; [4] a *learning fund* to support the development of learning disability nurses linked to the key priorities within *Strengthening the Commitment*; [5] educational resources to support people with learning disabilities with complex needs and health inequalities; [6] a trainers programme to support and meet the needs of people with learning disabilities; [7] an impact evaluation of the learning disability, improving practice *Train the Trainer* programme.

Oral Health

Dental (A6676, A6993, A7007, A7008)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Better oral health for older people, children and the homeless, improved access to services and better awareness of child protection and safeguarding.

TARGET(S): [1] Up to 150 *Childsmile* training places for dental nurses and dental health support workers and update training for 50 trained *Childsmile* staff in NHS Boards; [2] up to 100 eLearning sessions for *Childsmile* dental nurses in a standardised approach to oral health risk assessment and dental advice and referral; [3] an annual tutor development day to support 14 local NHS Board tutors in the remote and rural delivery of the *Childsmile* training course; [4] support for NHS Board

health improvement teams in the delivery of training for 200 care home staff towards the SQA foundation and intermediate SCQF accredited certificates as part of the *Caring for Smiles* oral health initiative; [5] *Train the Trainer* pilots to promote the *Smile4Life* programme within third sector organisations; [6] support for health improvement teams and third sector organisations in the implementation of the *Mouth Matters* oral health initiative in Scottish prisons; [7] a national event to facilitate equality of access to oral health care for people with learning disabilities; [8] 45 places on the three day *Adults with Incapacity* course; [9] an *Adults with Incapacity* CPD course for general dental practitioners; [10] *conscious sedation* training to public dental service dentists dealing with vulnerable groups; [11] courses on child protection and safeguarding legislation for general dental practitioners and public dental service dentists.

THEME 4
ENHANCED EDUCATIONAL INFRASTRUCTURE

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

Innovative educational support infrastructure covering people, technology and content.

PRINCIPAL 2020 ROUTE MAP PRIORITY AREAS:

- **Integrated Care**
- **Early Years**
- **Workforce**
- **Innovation**

PRINCIPAL NES STRATEGIC OUTCOMES:

7 Improved and consistent use of technology with measureable outcomes for learning, user satisfaction, accessibility and impact.

8 Consistently well developed educational support roles and networks to enable education across the workplace.

We provide educational infrastructure to support postgraduate training and practice education as well as national clinical priorities e.g. we have a strategic role in developing the mental health workforce to deliver evidence based therapies. We also provide a broad range of digital resources designed to improve access to knowledge, information and eLearning through a *Digital Transformation* which aims to move our organisation towards increased digital delivery of education.

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

NHSScotland Improvement Priorities

LDP ACTIVITIES, PLANNED IMPACT AND SMART TARGETS:

KEY

HIP	Health Inequalities and Prevention
AEY	Antenatal and Early Years
SC	Safe Care
PCC	Person-Centred Care
PC	Primary Care
INT	Integration
SC	Scheduled Care
UC	Unscheduled Care
MH	Mental Health

Educational Support Roles and Networks

Networks of healthcare professionals and educational support for postgraduate training and practice education in the clinical learning environment.

Medical Educational Support Roles and Networks

Medical (A6883, A6956, A6957)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: A well developed network of medical trainers supported by continuing professional development (CPD) and annual appraisal.

TARGET(S): (1) The 2017 Scottish Medical Education Conference (SMEC) for 400 delegates planned by December 2016; (2) fully functional support for *Recognition of Trainers* (RoT) requirements from the *Scottish Online Appraisal Resource* (*SOAR*) and *TURAS* systems by May 2016; (3) a quality management and appeals system for RoT by June 2016; (4) a list of approved trainers to meet *milestone 4* of the General Medical Council *Setting and Assuring Standards and Valuing Training* by June 2016; (5) a Faculty Development Alliance (FDA) providing education for new and established trainers mapped to the Academy of Medical Educators (AoME) framework; (6) an FDA digital platform to provide trainers with online resources.

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

NMAHP Educational Support Roles and Networks

NMAHP (A6126)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Sustainable and enhanced NMAHP practice education infrastructure of Practice Education Co-ordinators (PECs), Practice Education Leads (PELs), Practice Education Facilitators (PEFs) and Care Home Education Facilitators (CHEFs).

TARGET(S): [1] Management of service level agreements (SLAs) working with NMAHP practice education leads to support recruitment to posts and monitoring of educational governance processes, including annual NHS Board reviews in order to support continuing professional development (CPD).

Pharmacy Educational Support Roles and Networks

Pharmacy (A6874)

HIP	AEY	SC	PCC	PC	INT	SC	UC

IMPACT: Practice education improvement supported through Practice Education Coordinators (PECs) and Educational Development Facilitators (EDF) from the service.

TARGET(S): [1] A national network of PECs and associated EDFs network to support practice education for pre-registration pharmacists (PRPS), hospital vocational training (VT), pharmacist prescribers and pharmacy support staff.

Psychology Educational Support Roles and Networks

Psychology (A6903, A6906, A6910, A6911, A6899)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved capacity and capability in psychological interventions and psychological therapies through well trained trainers and supervisors.

Support LDP Standards (see Appendix 1): *18 weeks referral to treatment for Psychological Therapies (90%). 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%).*

TARGET(S): [1] A network of trainers (minimum 20) to provide local training on psychosocial interventions in paediatric care and a competence framework in partnership with University College London (UCL); [2] a supportive infrastructure to ensure trainers offer 400 places on at least one module of our Psychosocial Interventions in Paediatric Healthcare training; [3] a coaching structure for local trainers to offer ongoing skills development to healthcare professionals post training; [4] cognitive behavioural therapy (CBT) supervision training for 20-30 child and adolescent mental health services (CAMHS) clinicians and development of clinical supervisors in specialised interventions such as *Interpersonal Psychotherapy* (*IPT*); [5] access to different levels of cognitive behavioural therapy (CBT) and family therapy training; [6] teaching on *trauma informed assessment formulation* for 50 CAMHS workers and training in specialist interventions for 25 clinicians; [7] CAMHS learning co-ordinators in each NHS Board to support training and ensure specialist CAMHS workers can access *Essential CAMHS* and other resources; [8] an umbrella body to oversee and quality assure psychological therapies training in Scotland;

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

[9] 40 training places in Generic Psychological Therapies Supervision Competences and 30 training places in CBT specialist supervision; [10] 50 participants provided with access to a new Supervision for Low Intensity Psychological Therapies eLearning module; [11] psychology trainer network events in 2016 to refine supervision and coaching.

Digital Content

Ensuring continued excellence in our digital resources as we develop *TURAS* (our digital platform).

The Knowledge Network

Knowledge Services (A7407, A7048, A7064)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Quick and easy access to knowledge services through *TURAS* to support safe, high quality care.

TARGET(S): [1] Implementation of *TURAS* for knowledge services and prescription resources, including a review of all digital content and a plan for migration to *TURAS*; [2] support for the transformation of librarian roles to support new library services in *TURAS*; [3] a programme to strengthen *knowledge broker* roles and networks across health and social care; [4] an *evidence summary service* delivered by NHS Board librarians and an evidence search and summary support service; [5] user support and training in digital, information and health literacy skills; [6] a copyright advice, guidance and training service to support delivery of *TURAS* content and a national document delivery service; [7] an impact evaluation of the *Knowledge into Action* programme 2013-16; [8] implementation of the next phase of *Knowledge into Action* for health and social care; [9] a quality improvement framework to support development of *Knowledge into Action* support.

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

Management of Digital Content

Dental (A7205), Medical, (A6609), NMAHP (A6844), Pharmacy (A6877)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Access to relevant digital content while we implement our *Digital Transformation*.

TARGET(S): [1] Four 3D educational packages to support dental and optical anatomy, dental decontamination and health inequalities; [2] *TURAS* functionality agreed for: medical vacancy manager integration; a quality module to support the new Scotland Deanery Quality Improvement Framework; the *Scottish Medical Training* (SMT) website; the *Scottish Online Appraisal Resource* (*SOAR*); *e-Portfolio V3*, *STAR*; pharmacy requirements and the *CPD Connect* system; [3] support and maintenance of *TURAS* to ensure continuing management of the trainee journey and reporting to NHS Boards and Scottish Government; [4] transition to *ePortfolio V3* hosted on *TURAS*, including a new helpdesk, appropriate staffing support and commercial partnership arrangements; [5] existing NMAHP digital resources maintained and rationalised prior to migration to *TURAS*; [6] support for provision of genetic workforce development programmes through the National Genetics Education and Training website (ScotGen).

Educational Infrastructure

Providing targeted educational infrastructure and research support to quality assure our services and gather feedback which helps us to understand what is working well and how we can improve.

The Knowledge and Skills Framework (KSF)

Workforce (A6697)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved access to learning, better identification of training needs, enhanced confidence in development discussions and easier to use guidance.

TARGET(S): [1] Professional advice and learning resources to NHS Boards on the application of the KSF to support meaningful *Personal Development and Performance Review* (*PDPR*) conversations about staff performance, learning and development and career aspirations; [2] use of the Scottish Credit and Qualifications Framework (SCQF) to develop links between KSF and the Continuous Learning Framework (CLF) to facilitate meaningful PDPR in health and care integrated teams; [3] learning resources for nurses and midwives which link with the KSF and PDPR process to support revalidation; [4] digital resources on updated PDPR guidance to support the shift in focus to improvement and objective setting; [5] digital case studies linked to job families for publication on the KSF website; [6] existing content on the KSF website integrated into *TURAS*; [7] implementation and roll out of the e-KSF replacement; [8] advice and guidance to NHS

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

Board PDPR systems implementation teams to support the development of local project and training plans; [9] a comprehensive *Train the Trainer* programme for key PDPR system users in NHS Boards with training manuals, face-to-face training and digital resources; [10] embedded and supported e-KSF archive functionality on *TURAS* to ensure training and access to data.

Remote and Rural Educational Support
Medical (A7287), Pharmacy (A6868)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Increased access to learning opportunities, qualifications and education pathways for the remote, rural and island workforce.

TARGET(S): [1] 10 remote and rural inclusive education, training, learning events, programmes and resources that make use of digital technology; [2] two multi-disciplinary technology enabled learning/capabilities programmes for the remote, rural, island healthcare workforce that support service transformation; [3] a series of coordinated rural general practitioner, rural paediatric and rural general hospital education network programmes and resources that make use of digital technology; [4] eLearning for the remote and rural pharmacy workforce through videoconferencing facilities and remote site support from local tutors; [5] a programme which includes webinars, webcasts, e-cases and virtual patients to support remote and rural pharmacists.

Teach and Treat Centres
Dental (A6685), Optometry (A3652)

HIP	SC	PCC	PC	INT	SC	UC

IMPACT: Community based *Teach and Treat* centres delivering dental and optometric care and outreach teaching, and improving the skills of practitioners.

TARGET(S): [1] Outreach teaching for student dentists and dental therapists in a supervised clinical environment through 17 *Teach and Treat* centres providing clinical training and patient treatment; [2] an analysis of the patient feedback from optometry *Teach and Treat* centres and a report to the Optometry Advisory Board.

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

Impact Assessment and Research

Medical (A6896), Pharmacy (A6867), Psychology (A6914), Dental (A6671)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Increased awareness, involvement and application of impact assessment and research in healthcare improvement that provides data to inform our decisions, policy and practice.

TARGET(S): (1) Research and evaluation on the success of the Strategy for Attracting and Retaining Trainees (StART) in medicine; (2) remain a significant stakeholder within the Scottish Medical Educational Research Consortium (SMERC) and provide an annual research governance compliance report;
(3) a programme of pharmacy practice research and development to develop inter-professional learning from both Schools of Pharmacy to support *Prescription for Excellence*; (4) systemic routine impact outcome monitoring processes developed and implemented within the Psychology Directorate; (5) at least one national educational development event to increase the research knowledge and skills of dental healthcare professionals for improving healthcare quality.

THEME 5
AN IMPROVED ORGANISATION

THEME 5: AN IMPROVED ORGANISATION

Enhancing the capacity and capability of our staff to give of their best and achieve their potential.

PRINCIPAL 2020 ROUTE MAP PRIORITY AREAS:

- **Workforce**
- **Efficiency**
- **Productivity**

PRINCIPAL NES STRATEGIC OUTCOMES:

9 An effective organisation where staff are enabled to give their best and our values are evident in everyday work.

We continue to focus on improving our systems, processes, workforce plans and structures in order to become more effective, sharing best practice and resources to deliver our services in a more streamlined and consistent way while also progressing our workforce, people and organisational development (OD), digital and property strategies to support new ways of working.

THEME 5: AN IMPROVED ORGANISATION

NHSScotland Improvement Priorities

LDP ACTIVITIES, PLANNED IMPACT AND SMART TARGETS:

KEY

HIP	Health Inequalities and Prevention
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MH	Mental Health

Supporting and Developing our Staff

Supporting organisational redesign and individual development and providing recruitment and selection for postgraduate training programmes.

Workforce Analysis, Intelligence and Modelling

Workforce (A6504)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: A workforce plan and workforce data that anticipates our future requirements and is aligned with corporate objectives.

TARGET(S): [1] A *People and Organisational Development Dashboard* measuring progress against performance indicators; [2] a workforce plan (including equality and diversity) by August 2016; [3] workforce metrics for managers to enhance decision making through digital technology e.g. on-demand visualisation tools (Tableau).

Staff Governance, Health and Wellbeing

Workforce (A6744, A7123)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: A continuously improving work environment evidenced by high levels of employee engagement.

THEME 5: AN IMPROVED ORGANISATION

Supports LDP Standards (see Appendix 1): *Sickness absence (4%).*

TARGET(S): [1] *iMatter* implementation ensuring that year one completion levels are sustained; [2] support for directorate teams where *iMatter* action plans or organisational change indicates this is a priority; [3] a Staff Thanks and Recognition Scheme (STARS) enabling awards in all categories at our staff conference; [4] staff governance monitoring to inform our return to the Scottish Government by May 2016; [5] implementation of the Royal Society for the Prevention of Accidents (RoSPA) action plan; [6] a review of our Healthy Working Lives (HWL) Gold Award (including the Stress Action Plan); [7] promotion of our employee counselling service.

Embedding Equality and Diversity
Workforce (A6605, A6607)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Equality mainstreamed into all areas of business.

TARGET(S): [1] A final progress report on equality outcomes and a refreshed set of equality outcomes to meet statutory requirements; [2] regular and timely equality progress reports and briefings; [3] an agreed list of priority equality impact assessments (EQIAs) by June 2016 and practical assessment tools for project planning and delivery; [4] professional advice and peer support on equality and diversity through the Equality and Diversity Lead Network; [5] intelligence on emerging human rights priorities to ensure our work is informed and relevant; [6] engagement with Scottish Government and other stakeholders to inform development of the National British Sign Language Plan.

Organisational Development and Learning

Workforce (A6724, A6744, A6745, A6747, A6748, A6749, A6750, A6930, A6932)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Learning and organisational development (OD) which helps our staff perform to their potential, aligns individual performance with organisational aims, meets legal and mandatory training requirements, supports career development and develops our leadership and management capability.

TARGET(S): [1] Implementation of recommendations from the 2015 review of personal review and planning; [2] development of improvement capability and capacity; [3] identification of how teams and individuals can work more productively to support wellbeing; [4] development of project management capability using *Agile* and *Prince2* methodologies; [5] implementation of our leadership strategy; [6] development of the *Manager's Passport* resource, including practice standards for leaders and managers and wider use in the context of national middle managers development; [7] communications to convey the importance of effective leadership and management in health and care settings, using animation and other digital media; [8] targeted support for up to 20 individuals with the potential to take up key posts in the future; [9] completion of non-clinical support worker SVQs by seven staff, using evaluation to inform updates to continuing education arrangements; [10] continuing education funding to support the professional development of our staff; [11] new

THEME 5: AN IMPROVED ORGANISATION

planning and reporting arrangements that continue to improve take up of training, seeking to use 75% of available capacity; [12] plans for digital resources to support skills mapping by non-regulated staff groups against education pathways; [13] enhanced in-house technology enabled learning capacity to develop digital resources; [14] a suite of educational modules responding to stakeholder priorities, including equality and diversity core skills, recruitment and selection and faculty development; [15] full compliance with training identified as essential learning; [16] business partnering to support those undergoing and implementing organisational change; [17] evaluation of a recognised change framework (e.g. Investors in People) to support further development of a high performing organisation; [18] priority digital literacy knowledge and skills requirements identified and training provided; [19] support for our leadership strategy through development and delivery of a two day *Franklin Covey* programme and a *7 Habits Leadership Signature Edition* to identified staff; [20] guidance and resources for the use of education pathways in NHS Boards.

Organisational Performance Improvement

Improving performance and releasing resources to enable investment in new areas while meeting the challenges of diminishing financial resources.

Directorate Improvement Plans

Dental (A6824, A6845, A6665) Medical (A6873, A6876, A6881), Pharmacy (A6880)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved business processes and national work streams supported by better integrated systems for decision making and control.

TARGET(S): [1] The *Dental Vision* organisational change reviewed to identify benefits, key achievements, impact and areas for further improvement; [2] reporting on dental improvement targets, and development of new targets, to reflect changing priorities and new business; [3] a suite of standard operating procedures [15 - 20] to support national dental work streams, developed and implemented; [4] continuous review of Dental Directorate roles as vacancies arise to re-shape the establishment; [5] new job descriptions for Medical Directorate staff whose revised duties do not fall within the scope of their current roles; [6] three newsletters to support the new Scotland (medical) deanery; [7] a new medical structure to work with the new corporate finance structure; [8] pharmacy team performance improvement plans implemented and reported.

THEME 5: AN IMPROVED ORGANISATION

Digital Transformation

Digital (A6768, A6769, A6770, A6771, A6772, A6773, A6774, A6775, A7445)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved information governance, digital development, single unified digital environment (TURAS) and service support to ensure continuity.

TARGET(S): [1] A single digital platform (*TURAS*) and Virtual Learning Environment (VLE) in line with the plan approved by the Digital Delivery Board; [2] a comprehensive set of development and data standards for the new development platform; [3] a formal *AGILE* development methodology for learning management and virtual learning products to deliver digital content to expected standards and agreed timetables; [4] continuous delivery of current digital content from the current architecture until migration to *TURAS* is achieved; [5] full migration to Office 365 for all our staff; [6] processes and business functions identified for redevelopment in the *Service Now* platform; [7] existing business support systems and architecture maintained and supported in line with service level agreements (SLAs); [8] new policies and procedures for support of cloud based services through a single digital service desk; [9] ISO 27001 information security standards for the digital group and full ISO27001 certification; [10] 100% compliance with Freedom of Information and Data Protection turnaround times; [11] new policies and procedures to support *Cloud* based services through a single digital service desk; [12] implementation of the Digital Operational Plan and Digital Delivery Plan with clear governance, resilience and transparency.

Finance Transformation

Finance (A7165, A 7173, A7174)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: A new Finance structure with an internal shared service team, better integrated systems and well trained and motivated staff.

TARGET(S): [1] A new structure within the finance shared service centre by May 2016; [2] induction materials for all new finance roles by May 2016 and training programmes for staff by June 2016; [3] two all-staff meetings to review activity outcomes and process improvements; [4] all staff trained in the use of technologies to support working in a dispersed team; [5] a review of the process to incorporate *TURAS* trainee management system data into financial planning by June 2016; [6] an annual financial information needs analysis based on data collection systems currently in use by June 2016; [7] an analysis of key spend areas on a quarterly basis; [8] further development of *IPPS* and it successor systems; [9] key performance indicators (KPIs) developed for monthly reporting from end June 2016; [10] trend analysis data based on variance reports provided for each budget on a monthly basis.

THEME 5: AN IMPROVED ORGANISATION

People Management

Workforce (A6505, A6666, A6668, A6751)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Harmonised job roles and HR processes to improve business performance, recruitment, payroll and transactional services supported by business partnering for the organisation through a time of significant change.

TARGET(S): [1] Embedded harmonised job roles by April 2016; [2] a comprehensive service to support organisational change using data for regular review and support for managers to achieve the Staff Governance Standard; [3] business partnering support to managers covering all aspects of staff governance and organisational change; [4] provision of an exemplar employment experience for GP trainees; [5] further improvement of the staff recruitment process to improve the calibre of successful candidates; [6] social recruitment tools to enhance our profile as an employer; [7] an improved recruitment process for medical fellowships; [8] enhanced onboarding and payroll processes through redesigned reporting and systems for establishment control; [9] an exemplar audit that sustains our *Tier 2 Sponsor* rating through process improvement, enhanced reporting, NHS Board training and migration of the *Tier 2* system to *TURAS*; [10] enhanced reporting within the *ORIEL* system; [11] a cost effective recruitment service for vocational training (VT) schemes measured by recruitment timelines and feedback from key stakeholders; [12] roll out of the core electronic Employee Support System (*eEES*) followed by employee and manager self service; [13] further development of our digital vacancy management system (*Kinexa*) to provide a streamlined vacancy authorisation, recruitment and onboarding process; [14] an HR and OD digital portal providing content, information, applications and tools; [15] introduction of digital signatures for key HR processes.

THEME 5: AN IMPROVED ORGANISATION

Efficient and Effective Corporate Resources

Excellent corporate services providing business support, advice and guidance for effective governance and decision making.

Financial Reporting and Planning

Finance (A7166, A7167, A7171, A7175)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Robust budget setting and financial systems to deliver statutory reporting and improved services for decision making and financial control.

Supports LDP Standards (see Appendix 1): *Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement.*

TARGET(S): [1] Indicative budgets set within two weeks of planning assumptions from Scottish Government (SG); [2] directorate draft budgets set in line with planning timetables; [3] a collaborative process to review draft budgets prior to Board approval; [4] budget letters issued within two weeks of Board approval; [5] a quarterly review of risk assurance controls to support the annual governance statement; [6] audited annual accounts for approval by end June 2016; [7] monthly control reconciliations; [8] audit recommendations reviewed and responses provided; [9] audit actions updated quarterly and progress reported to the Audit Committee; [10] statutory payments and returns in line with deadlines; [11] all items in the *PECOS/Cedar* procurement interface cleared within four working hours; [12] monthly reports on performance against key performance indicators (KPIs) within the first two working days of each month from July 2016; [13] failures against KPIs investigated and mitigating actions implemented within the month they were reported: [14] a year-to-date and forecast variance report by the 10th working day after month-end and the SG return completed by the 17th working day of the month from May 2016; [15] all directorate variance reports signed off and a formal review for each budget area three times a year; [16] monthly variance reports (VARs) provided for review.

Financial Processing

Finance (A7172, A7174)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Financial transactions processed and staff paid within an effective control environment in compliance with national payment targets.

Supports LDP Standards (see Appendix 1): *Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement.*

TARGET(S): [1] 83% of non-disputed trade creditor invoices paid within 10 days, 93% of non-disputed trade creditors invoices paid within 30 days and 95% of sales invoice requests completed within three days; [2] a closing bank balance within £500k of forecast; [3] payment for sales invoices over 50 days received in full or a recovery plan implemented; [4] payroll checklist resolved within two days of data being made available and payroll completed next day; [5] statutory and third party payments made in line with dates required by individual parties; [6] service desk logs allocated within two working hours and responses issued in line with targets; [7] all requests for amendments processed in the next month's payroll.

THEME 5: AN IMPROVED ORGANISATION

Procurement

Finance (A7225, A7228, A7229, A7230)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved documentation, consistent application of contract terms and conditions and efficiency savings supported by better reporting.

TARGET(S): [1] A supplier management process rolled out across directorates; [2] complete compliance with national contracts and corporate decisions; [3] the contract register reviewed and updated monthly with actual spend against contract value recorded and savings identified; [4] promotion of the sustainability requirement within procurement documentation; [5] sustainability plan procurement actions achieved; [6] collaboration to take advantage of greater combined procurement leverage with other NHS Boards and exploration of a *Spend Analyser* tool; [7] an annual customer survey of our staff by October 2016; [8] all purchase orders processed within two hours.

Communications Management

Communications (A6786, A6787, A6788, A6789, A6790, A6791)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Increased use of innovative communication technologies, more proactive media relations, provision of national events and conferences and improved internal communications.

TARGET(S): [1] Our social media following increased by 10%; [2] a communications strategy to support the communications of *TURAS*, including evaluation; [3] hard targets and key performance indicators to double proactive and reactive media activity; [4] increased capacity to understand and engage with the media, with at least 12 media trained spokespeople by summer 2016; [5] a professional conference organisation service with a minimum of 20 conferences for internal and external clients; [6] additional internal support including a conference website and two half day workshops on conference organisation; [7] a refreshed corporate communications strategy and content media strategy, including evaluation; [8] a range of digital products to include 70 interactive PDF/MUSE projects, 50 print projects, six animated projects and four eLearning modules; [9] internal training in two software packages (*Camtasia* and *Articulate*).

THEME 5: AN IMPROVED ORGANISATION

Planning, Governance and Performance Improvement

Planning (A6947, A7066, A7068, A7069, A7084), OPIP (A6865, A6866)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Corporate planning, governance and performance improvement based on measurable impact which aligns with service need and national policy, and supports continuous improvement across our organisation.

TARGET(S): [1] An evaluation of the finance transformation project with stakeholders by December 2016; [2] measurement of directorate satisfaction with performance improvement support followed up by December 2016; [3] at least one new piece of cross-organisational improvement work initiated using improvement techniques and measures e.g. trainee programme management; [4] a consistent process for complaints handling and recording across directorates, including a system for disseminating lessons learned; [5] training for directorate staff involved in handling complaints and a central recording system for all complaints; [6] a feedback, comments, concerns and complaints annual report; [7] an annual engagement report and stakeholder response letter; [8] leadership and delivery of the 2016 staff conference; [9] corporate support for educational and research governance, priority educational and research projects and impact assessment; [10] a *Research Impact Framework* to evidence achievement of the key outcomes within our strategic framework; [11] high quality Board services with digital distribution of all papers established through Office 365 for Board committee business; [12] a draft LDP for 2017-18 by February 2017 based on directorate operational plans which demonstrate progress in impact planning; [13] corporate report writing to support the annual review, policy analysis and consultation responses as required, and support to Scottish Government for *Everyone Matters* and other national workforce initiatives; [15] provision of corporate planning, performance and risk processes and a new planning, performance and risk system using *Service Now* technology by August 2016; [16] a revised digital corporate business continuity plan by August 2016; [17] an annual performance report on progress against our nine key (strategic) outcomes which uses impact data by August 2016; [18] executive support services to the chief executive and chair with full implementation of Office 365.

Property and Facilities Management

Properties (A6827, A7044, A6826)

HIP	AEY	SC	PCC	PC	INT	SC	UC	MH

IMPACT: Improved corporate property and facilities management (PFM) services through continued implementation of the corporate PFM strategy.

TARGET(S): [1] Facilities management (FM) service delivery plans for each site, based on the agreed business unit strategy, detailing FM services, systems, structure, responsibilities, financial management and timelines for implementation; [2] an annual review of FM services incorporating service level standards, policies, procedures and performance data, ensuring a continuous improvement action plan to maintain effective FM services; [3] a review of FM software systems with a view to using the *TURAS* digital platform; [4] an environmental management system

THEME 5: AN IMPROVED ORGANISATION

ensuring legal and aspects registers are prepared for all relevant sites; (5) a sustainable development action plan reporting progress against targets; (6) an annual review of the property and asset management strategy, including an update of the property appraisal data; (7) an options appraisal for Inverness Centre for Health Sciences (CfHS); (8) implementation of the Aberdeen accommodation project, addressing the lease expiry of Forest Grove House in accordance with the property transaction business case; (9) a review of workplace strategy and agile working to provide recommendations for improvements at West Port and for application to planned Property and Asset Management strategy projects in Aberdeen and Inverness.

4 OUR WORKFORCE

In the course of 2015-2016, our Board has been proceeding with the implementation of our refreshed People and OD Strategy 2014-2017, which facilitates the implementation of our strategic framework 2014-19 - *Quality Education for a Healthier Scotland*. This strategy is aligned with our strategic themes and *Everyone Matters*.

It outlines specifically the implications of those priorities for our people - individually and collectively as an organisation. We describe what each of our human resources (HR) and organisational development (OD) strategic themes means for our people, leaders and managers and the HR and OD service in support of our corporate strategic themes:

- **an excellent workforce**

- **improved quality**

- **new models of care**

- **enhanced educational infrastructure**

- **an improved organisation.**

4 OUR WORKFORCE

Within the People and OD strategy, ten strategic objectives are outlined each with a three year target, with specific year on year objectives identified and reviewed annually as part of the corporate planning process. They are aligned to the five long term priorities for action under *Everyone Matters* as follows:

2020 WORKFORCE VISION PRIORITY	2014-17 DELIVERY PRIORITIES
Capable Workforce	■ Learning and Career Development ■ Employee Performance Management
Sustainable Workforce	■ Developing in relation to HR Shared Services ■ Talent Management and Succession Planning
Integrated Workforce	■ Job Evaluation and developing NES harmonised Job Descriptions ■ Supporting the development of Digital NES
Effective Leadership & Management	■ Management induction and development ■ Individual and team leadership development
Healthy Organisational Culture	■ Staff engagement and experience ■ Supporting adoption of NES ways of working

The NHSScotland values illustrate how our organisational service delivery needs to look and be received by patients, service users, colleagues and partners. They are reflected in our ways of working that are included in our 2014-19 strategic framework as a reflection of our organisational values as follows:

NHSSCOTLAND VALUES	NES WAYS OF WORKING
Care and Compassion	Work in partnership to a clear and common cause. Respond quickly and confidently
Dignity and Respect	Respect and value each other
Openness, honesty and responsibility	Be open listen and learn. Take responsibility and lead by example
Quality and Teamwork	Aim for excellence in education. Look ahead and be creative

In the course of 2016/17, NES will review its People and Organisational Development Strategy to ensure it continues to be aligned with our Strategic Framework and emerging NHSScotland and Scottish Government priorities and plans.

4 OUR WORKFORCE

IMPLEMENTATION PLAN 2016-17

Under our People and OD strategy one of our key objectives is *an improved organisation* enhancing the capability of our staff to give of their best and achieve their potential. This is in order to deliver our strategic outcome - *an effective organisation where staff are enabled to give their best and our values are evident in everyday work*. Within this LDP we outline our objectives for delivery in 2016-17. We expand upon and highlight the following objectives:

■ **Capable workforce**
A key corporate priority which we have been working on over the last 4-5 years has been the implementation and embedding of policy and practice for ensuring the alignment of individual contributions with organisational aims. We have just completed – in partnership - a third annual review of the alignment and quality of objectives and personal development planning against criteria. We now have three years quantitative data which shows that while we made improvements on the alignment and quality/number of objectives and personal development plans, our data does point to a reduction in engagement and decline in complete rates for these activities in 2015.

There continue to be challenges for some users in signing off of activity on-line and some of our qualitative intelligence indicates engagement may be higher than this data set suggest. The outcomes of the 2015 NHSScotland Staff Survey reinforces this in that 85% of the 59% of our staff (excluding doctors in training) who completed the survey, reported they had had an annual review with (77%) indicating they had agreed objectives as part of this. We are discussing with our Executive Team and Staff Governance Committee further developments to include in our 2016/17 action plans.

The performance of NES in the NHSScotland 2015 Staff Survey in comparison to 2014 and NHSScotland can be viewed as positive overall. Our performance across all areas of the Staff Survey improved from 2014 to 2015 and we will be agreeing updated action plans for 2016/17 with our Partnership Forum and Staff Governance Committee in the first quarter of 2016.

■ **Sustainable workforce**
In 2015/16, the Executive Team and Staff Governance Committee agreed a strategy and approach to the implementation of a talent management strategy. Our original proposals were significantly revised following feedback from our Staff Governance Committee and are now repositioned as *Maximising Potential in the Employment Cycle*. Rather than seeing talent management as a discrete activity, our agreed proposition is that talent and potential can be identified, managed and developed throughout the employment cycle using a range of People Management processes. Our approach also includes the identification of posts that are a *flight risk* and actions to develop succession plans for key posts. Objectives to implement the strategy are included in our 2016/17 plans.

■ **Integrated workforce**
Since 2014 we have been working in partnership to address the 732 active job roles and 295 different job titles (*Agenda for Change*) within our Board which we recognise is not unique in NHSScotland. Acknowledging it was becoming increasingly difficult to evidence consistency of grading, lack of flexibility in career development and management of the process becoming increasingly onerous, we completed in the course of 2015/16 the development of a harmonised suite of job roles matched to national profiles with a smaller range

4 OUR WORKFORCE

of *Agenda for Change* job titles. During 2016 an extensive staff engagement process will be followed, aiming to complete this programme of change in 2016/17.

■ **Effective leadership and management:**
In 2015/16, we agreed with the engagement of staff, the Executive Team, Staff Governance Committee and the Board a leadership statement for our organisation. In this statement we set out the particular leadership behaviours and qualities to sit above the NHSScotland values and NES ways of working as follows:

- **Inspiring:** *passionate about our strategic mission and excellence; communicating purpose and vision with enthusiasm; innovative, and learning from success as well as setbacks*

- **Empowering:** *giving our teams space and authority to deliver outcomes; investing in learning and development; expecting top performance and dealing with occasions where this is not delivered; being approachable and open to constructive challenge*

- **Adaptive:** *able to respond flexibly to changing requirements and help others to do the same, recognising that required leadership and expertise may not always sit at the top of the hierarchy and actively encouraging good ideas/input from all levels*

- **Collaborative:** *committed to working together, and across professional, clinical and organisational boundaries, internally and externally to achieve our objectives*

- **Engaged and Engaging:** *committed to our values, agreed ways of working and our strategic objectives and operational direction, visible to stakeholders and to our teams, straightforward and honest in our communication*

The leadership strategy and the principles for potential and career development described above will now be used to identify specific objectives relevant to each stage of the employment cycle that can be supported by leadership development interventions.

In 2015/16, we undertook an impact assessment on our *Managers Passport* (which all managers are required to complete). Using the outputs from the impact assessment, we are moving forward with streamlining the practice standards focused on people management, specifically: *Health Safety and Wellbeing, Personal Governance, Delegation and Workload Management, Performance Management, Leading and Managing Change, Engaging and Motivating Others, Negotiating and Influencing and Managing Conflict.* We are also looking at ways the wording can make it clearer how each activity is to be performed at each level and to reflect our leadership behaviours. This work is underway and will be taken forward in 2016/17.

At national level a proposal has been developed for using the *Managers Passport* to support the development of those who have been through *iMatter* with their teams. This work will also inform the development of the KSF Dimension *People Management*. We will be working within our organisation and collaboratively with a wide range of stakeholders to contribute to this development in 2016/17.

4 OUR WORKFORCE

■ **Healthy organisational culture:**

We are progressing well with the roll out implementation of *iMatter* with the final cohort commencing staff briefings in January 2016. Our last Board Report (October 2015) showed an Employee Index (EEI) score of 78%. While this is a positive start it is important to note that evidence suggest EEI scores may dip during the first two to three years as people become more trusting of the system and the process rising again where improvements to workplace experience are made and sustained. We will continue to engage regularly with our Partnership Forum and Staff Governance Committee in order that performance over time is accurately understood.

In 2016/17 we wish to review and realign our internal Staff Governance Monitoring and reporting to ensure we present NHSScotland Staff Survey, *iMatter* and other internal performance measures in such a way that allows our Board and directorates and departments to assess and report on improvements.

Having achieved the Healthy Working Lives Gold Award in 2009, we have been successful in retaining this level of award for the last 6 years, again being successfully accredited in 2015. In 2015 we were also successful in achieving the Carer Positive Kitemark. Under this scheme organisations are required to demonstrate a commitment to supporting employees who provide care and support for elderly relatives. Of the three levels available, we achieved recognition at Engaged Level and will seek to attain *Established and Exemplary* levels in due course.

We published our statutory report on progress against our *Equality Duties* in April 2015. In the course of 2016/17 we will be reviewing our equality outcomes seeking approval from our Executive Team, Governance Committees and the Board. We are committed to delivering our equality duty which requires that we work in ways that will help eliminate discrimination and harassment, advance equality of opportunity and foster good relations.

We see equality and diversity as essential elements in the education, health care and staff experience. We have excellent workforce data and will continue in 2016/17 to use our data to inform policy development and review and through our internal equality and diversity leads network promote information sharing, best practice development and efficiencies of approach.

The principles of the NHSScotland Staff Governance Standard and our *Ways of Working* are promoted through all of the work that we do. Along with our commitment to equality and diversity and enhancing the staff experience through a culture that supports health and wellbeing, they will continue to influence and information the development of our people and organisational development policies as we continue to implement our People and OD Strategy 2014-2017.

4 OUR WORKFORCE

WORKFORCE PLANNING

Workforce planning in our organisation is fully integrated with our corporate planning process. We have a low staff turnover- 2.32%, 1.74% and 2.48% in each of the first three quarters of 2015/16. We also track a stability index i.e. the retention rate of employees with over one years' service. The rate was 88.93%, 87.40% and 86.56% in each of the first three quarters of 2015/16. There are no recruitment issues, vacancy rates or concerns generally or with any particular staff group.

In the course of 2015/16, NES made significant progress with the implementation of our Digital Strategy together with an associated programme of organisational change. In the course of 2015/16 we have also moved to complete significant Finance and Dental programmes of organisational change. Organisational change will continue across NES in 2016/17.

The organisational profile of our staffing establishment is a standard element in our quarterly management reporting. There are no issues within that profile that are impacting on the sustainability of our service delivery.

5 NHS LDP STANDARDS

People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)

31 days from decision to treat (95%)

62 days from urgent referral with suspicion of cancer (95%)

Early diagnosis and treatment improves outcomes.

People newly diagnosed with Dementia will have a minimum of 1 years post-diagnostic support

Enable people to understand and adjust to a diagnosis, connect better and plan for future care

12 weeks Treatment Time Guarantee (TTG 100%)

18 weeks Referral to Treatment (RTT 90%)

12 weeks for first outpatient appointment (95% with stretch 100%)

Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.

At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

Antenatal access supports improvements in breast feeding rates and other important health behaviours.

Eligible patients commence IVF treatment within 12 months (90%)

Shorter waiting times across Scotland will lead to improved outcomes for patients.

18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

Early action is more likely to result in full recovery and improve wider social development outcomes.

18 weeks referral to treatment for Psychological Therapies (90%)

Timely access to healthcare is a key measure of quality and that applies equally to mental health services.

Clostridium difficile infections per 1000 occupied bed days (0.32)

SAB infections per 1000 acute occupied bed days (0.24)

NHS Boards area expected to improve SAB infection rates during 2016/17. Research is underway to develop a new SAB standard.

Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)

Services for people are recovery focused, good quality and can be accessed when and where they are needed.

5 NHS LDP STANDARDS

Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings

Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas

Enabling people at risk of health inequalities to make better choices and positive steps toward better health.

48 hour access or advance booking to an appropriate member of the GP team (90%)

Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.

Sickness absence (4%)

A refreshed Promoting Attendance Partnership Information Network Policy will be published in 2015.

4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)

High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients

Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

Sound financial planning and management are fundamental to effective delivery of services.

ALTERNATIVE FORMATS

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